'RES MEDICA, RES PUBLICA'

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BAILLIÈRE, TINDALL & COX

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1. P. 32.

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THE PROFESSION OF MEDICINE

ITS FUTURE WORK AND WAGE

AN INAUGURAL ADDRESS DELIVERED AT ST. GEORGE'S HOSPITAL ON OCTOBER 1, 1907

BY

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LONDON
BAILLIÈRE, TINDALL AND COX
8, HENRIETTA STREET, COVENT GARDEN
1907

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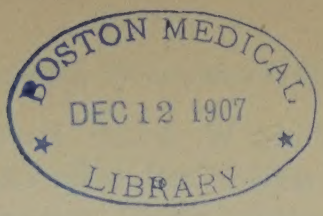

'RES MEDICA, RES PUBLICA'

THE PROFESSION OF MEDICINE: ITS FUTURE WORK AND WAGE

Governors, Treasurer, Fellow-Students Old and New,—It is an honour, deeply felt, to convey to you the welcome of the medical staff. Long may it continue to be presided over by the Nestor of the profession, Sir Henry Pitman, who joined the school some eighty years ago, and to whom we wish health and happiness during this hundredth year of his long life! Our recent immeasurable loss—that of our teacher and friend, of our example and pride—leaves us as though broken-hearted, so great was our love and our worship for Timothy Holmes. The death of Dr. Robert Barnes is another grief, which can only be tempered by the thought of the fullness and fruitfulness of his days, and by his legacy of a great name to this school of his adoption, where a tablet has been erected to commemorate his munificence towards the foundation of our laboratories of research. All honour, also, to our lamented comrades who this year answer not the roll-call!

Two names have been added to our consulting

staff—that of Mr. W. Adams Frost, for long and distinguished service, and, sadly too early, that of Mr. F. Marmaduke Sheild, through cruel illness incurred in the service of the hospital. Dr. Wilfrid Fox, who has succeeded our eminent dermatologist, Dr. Wyndham Cottle, and Mr. Lawrence Jones, who has been elected to the assistant-surgeon staff, are both our distinguished former pupils.

Much that I have to say is inspired of teachings received not only from seniors and colleagues, but from house-physicians unexcelled, cherished pupils who taught great lessons, devoted nurses whose virtues adorn this charity, and faithful officers and servers, all contributing their best, under the leadership of our President and the rule of our munificent Governors, in that spirit of concord so long personified during his secretaryship by Mr. C. L. Todd.

Sentiment, which rules the world, is part of our own strength. It was fitting that the flag of St. George should continue to fly at this spot, under the very shadow of the Royal Standard, as an emblem of that national characteristic of our charity —the solidarity between the high and the lowly; and that the proudest site in the Empire should not be deemed too beautiful, too healthy, or too costly, for the service of the suffering poor, and for the teaching of a profession which has derived from this school no small part of what it is.

The Ideal.

Although my theme is not advice to juniors, there is just one lesson to be picked up on the way as a help to the tyro and a solace to the veteran—'to cultivate the ideal itself.' No calling needs it more, none offers it greater scope. Thought for the *corpus vile* of man is not our only lot and part. Ours too is the ideal—that essence and emanation from all things material; the one thing we can truly call 'our own'—for even the miser cannot annex his gold. But the ideal—call it 'appreciation' or 'a sense of the beautiful'—offers to our many-sided profession wealth beyond the dreams of avarice.

Veterans need no initiation. For you still at the threshold of Nature's great mysteries it were hardly fair to wish you those mighty visions which the poet reserves for long toil and pain—

'Der kennt Sie nicht Himmlische Mächte.'

But there are many delights you would regret to have missed were you to race with inattentive eyes through your student's journey of discovery round this world of wondrous beauty.

Above all, let the ideal enter into our conception of the profession itself and of its lofty mission, which needs neither magic nor mystery, but lies above common affairs and narrow fields. Our province is not any department of man's work, but man him-

self—not as a body alone, but as a mind, and as a soul, the entire man. Unless we can perceive that this is a totally different level from any other on earth, and not one of inferiority, we shall have mistaken our vocation, and could hardly do justice to it.

The Profession and its Twentieth-Century Crisis.

I may put to you briefly as general propositions the views I have to express. Although the laity has much to discover in this constellation of ours, we are being a little better focussed and better understood. The sign of the profession is in the ascendant, and everything points to its gravitating into the orbit of the State. At the same time, strange perturbations are noticeable within it, and to these I have to call your attention under the name of our twentieth-century crisis.

Looking back, there is no profession of greater antiquity, yet none so truly young. The history of humanity is our history, and its future our future. Their joint record can be but beginning. Are we not still fighting for dear life against deadly foes? Ages ago it was the mammoth. Now the microbe only remains; but its days are numbered, and the era of health with its peaceful developments is in sight. The profession is only just cutting its back teeth, in the weirdness of puberty.

Had a man stepped forth in ancient Greece or

Rome equal in wonders to the youngest of our qualified men, he would have been accounted a demigod. We have 40,000 such in the kingdom, and they pass unnoticed as a negligible quantity. But a body controlling so much power cannot remain a cipher. We need only look back little more than a century, as the whole change has occurred in that time. Its wage, its status, and, alas! its routine, have remained what they were; but a transformation has been silently accomplished within it. It held the shadow of knowledge; it now holds the substance. It had laboured long in hopeless efforts to be of use; it now waits upon humanity with the most brilliant service. Yet it ingloriously remains 'Cinderella,' the humble maid-of-all-works.

Our Attributes.

The famous motto, *Liberty, Equality, Fraternity*, which has proved elsewhere not at all a good fit, would almost seem to have been borrowed from us, for we truly own those characteristics.

Fraternity ranks first. The telling title of 'confrères' will identify us anywhere as members of *the* profession. It implies our essential independence and equality, and the absence of any hierarchy among us beyond that of elder brotherhood; and it also suggests the reciprocity without which the profession cannot subsist.

Freedom must ever remain our boast. But complete independence from the State is no longer for us a condition of existence, as in darker ages. Independence was then vital to the progress of science. Our need is now no longer for the liberty, but for the means of research.

Equality and its Duties.—Our equality is not a mere sentiment: it has its responsibilities. We are not so intolerant of superiority as to wish to level down the taller heads. We would rather be illogical, and put up with inequalities such as a Harvey, or a Laennec, or a Lister. But for the body of the profession we stand for equality—equality in *education*, equality in *qualification*, equality in *status*, and equality in *wage*. Only this carries with it serious obligations: henceforth but one set of standards, *the highest*. Our equality is that of an education which levels us all up, and of a qualification which confers upon us a high status; and there should not be any falling back, in respect of outward dignity or of that within, from the high level reached during our fellow-studentship, which our life's labour should only further raise.

Altruism.—But there is another attribute, quite unique, which no one has ever been tempted to steal from us. Call it a fault or call it a virtue, we must agree to live with it, because it is constitutional, but very awkward to bear and delicate to touch upon; a thing to be proud of, like an honourable scar, yet

carefully concealed; and the disguise invented as a veil is that puzzle of the laity—'professional etiquette.' We cannot quarrel with our altruism, which is our chief distinction. But as it is at the bottom of our crisis, and as we cannot subsist on hard work and a proud title, plain common sense must be brought to bear.

The Crisis in its Two Aspects—Economical and Professional.

We are in the throes of a double crisis: an economical crisis which affects a large majority of our numbers, and a professional crisis which threatens a previously compact profession in its corporate capacity. The situation itself and its great factors are entirely new. The earliest symptoms were overlooked and subsequently misunderstood. They were treated symptomatically, without any reference to their cause, and the same symptomatic treatment runs risk of being repeated, as fresh symptoms continue to break out in connexion with the individual and with the profession.

As both crises have identical and reciprocating causes, no separate remedy can exist for either, and any drastic measures would be dangerous if one-sided. Before we can attempt to legislate for the future, we must grasp the inevitably progressive nature of our changes. The chief cause of the

economic crisis is our immensely growing success in reducing the prevalence of disease. That which mainly constitutes our professional crisis is the unlimited growth of specialism as the penalty of our progress; we have got in some way to fit it in, or we must fit in with it. The third, which takes effect in both directions, is the headlong change in the times, with which our old routine is quite out of touch. But we also have to take a clear view of the conditions within the profession itself.

The Present State of the Profession.

What is the profession? and Where is it? It is becoming increasingly difficult to be definite in speaking of the profession as a whole, and hardly any general remarks can apply with equal point all round. Yet, as the laity look upon us as a definite entity, we must shape the argument upon their concrete view, and use the word as a conventional formula for that which to us is really an abstraction. What are the facts?

'Pure medicine' and 'pure surgery' are both dwindling by chronic cleavage. The great section of 'pure surgery' rejoices in exceptional activity, and in the absence of any grudge, whether from the body of the profession or the public. Moreover, thanks to the ever-increasing risks to life and limb from the harnessing of the forces of Nature, it will

continue to be in some request apart from the prevalence of disease. But 'pure medicine' is left as severely alone as possible by both. In like manner most of the surgical subspecialities are in work, but the medical preserves are shot over from every quarter, without much regard for any genuine title to the ground. It thus happens that, though the long and gratuitous labour of research is mainly borne by the medical section, they are not as welcome as the quack to a meagre retribution for its fruits, whilst the surgeons are allowed by a public eager to be 'operated' a fair acknowledgment for the time and skill which they more largely devote to practice.

There remains the vast body of general practitioners, the bone and sinew of the profession, more homogeneous through the pervading similarity of their avocations, but more isolated by their exacting duties from professional intercourse even in towns. But within recent years a great and hopeful beginning has been made, thanks to the energy of a select few in their number, and to the devoted efforts of the officials representing the British Medical Association throughout the Empire, which should end eventually in the personal participation of all or of a large majority in the organization which has been elaborated for them. Within that body the disparities are considerable, the great changes which the profession has gradually under-

gone having told unevenly in the direction of increased labour—technical, professional, and charitable—and of diminished emolument. But an adequate living wage is the exception, whilst the worst predicaments are too serious to be further endured.

This complex and strained machine of our profession needs expert handling to save it from being wrecked. None of our specialists, even the most scientific, can be taken as fair exponents of the requirements of the whole. On the other hand, even a complete combination of all general practitioners could hardly be expected to negotiate the affairs and fight the battles of a profession in which specialism is taking in respect of remunerated practice, but particularly of study and of discovery, so considerable and increasing a part. Moreover, all groups alike have had practically to resign the technicalities of 'research,' that latest and tallest of our branches, which alone can give our full height when it comes to 'sizing-up' the profession.

Thus, whilst general practice offers the least of limitations, we look in vain for 'the profession' as a concrete and complete working unit. Yet that unit is not altogether a myth. I had almost left out our better part—our students. In our fragmentation the great bond of union remains for us our joint study of man, and in this they are our living link. Perish the thought of any 'specializations' within their

curriculum, which, when combined with an equally complete general education, alone now reflects the comprehensive nature of that study, and is the only stage at which there is any complete integration of the profession and of its objects, without difference or distinction between the workers.

The Professional Crisis.—The extensive field of specialism must continue to grow. Does this read practical dismemberment through divided interests, and the end of our influence as a great fighting unit? Is it with us *Finis Poloniæ?* That prospect is before us unless we can provide some timely cement for the safety of the profession and of specialism itself. Some of the risks of the latter are obvious enough. They have not hitherto included the struggle for existence, though this might easily eventuate in some of them.

The Economic Crisis.—The field of general practice has been for many years contracting, and is bound further to contract. The medical practitioners are too many, and the patients are too few. At the present accelerated rate of prevention there will soon be little left of preventable disease to attend. And no royalty can be raised on the independent employment of any device of such startling simplicity as the free use of water and boracic powder to fresh wounds to prevent inflammation, or 'open air' in a tent with plenty of good food for the treatment of consumption; for that is the kind of *ridiculus mus*

for which mountains of research had laboured so long without any compensation.

The altered conditions of life must tell upon local practice, whether in town or country. Sentiment still pleads for the devoted family practitioner, but no man can regard the personal allegiance of those who consult him as a reliable source of income. Nevertheless, in the wealthy districts there must always remain, in spite of all drawbacks, a fair opening for local practitioners, if only their number could be limited.

Less precarious, perhaps, is the practitioner's hold on the humbler class of practice, particularly under the provident system. But this has given rise to crying abuses, under which he is still the sufferer. Lastly, owing to the increasing size of our great towns, entire districts are tenanted by a population little removed from destitution, in the service of which his ministrations, not less valuable, not less faithful, not less honourable than elsewhere, lead neither to honour nor to a reward compatible with the dignity of the profession. That is our sorrow.

What is the upshot? Let me quote from the *British Medical Journal* of September 7 and 14: 'The average income of the British practitioner has been variously estimated at £200 to £250 a year. . . . The chances of being able to save even to the extent of the return of the capital expended in education are in a large proportion of cases slight;

while reasonable provision for old age, after family expenses are met, is difficult and too often impossible.' Is this the wage of lifelong self-sacrifice and of the highest skill? The odium of so great a reproach has not been truly our own, but we should make it ours were we to fail to concentrate upon its cure the entire strength of our united body, and for that purpose alone, if for no other, we need a compact profession.

The Causes of the Crisis.

To dispel any doubt as to the permanent character of the changes, it is enough to enumerate their causes. The prime cause is the spread of the old tree of knowledge. The immediate causes are its fruits, chiefly of nineteenth-century growth. On the side of the laity:

(1) The vulgarization of facts and fallacies by our irresponsible press; (2) the genuine growth of education, particularly in science; (3) the resulting free thinking and liberty of conscience in matters medical; (4) the independent individual inquiry for specialism on the one hand, and on the other (5) the recrudescence of the innate fascination for home treatment—no longer with simples, but with compressed remedies; (6) the emancipation of the patient which sums up these tendencies; (7) the reversion to nomadism or a

wandering life, with all its good and all its evil—a taste fostered by the enormous growth of rapid locomotion; (8) nomadic restlessness and instability as it affects the conditions of practice; (9) the decline of invalidism as a result of 'open air' and of an active life; (10) the promotion of health by the remarkable spread of physical hygiene, particularly among women; and (11) the salutary influence of the growing moderation in the use of alcohol. Much of all this is the harvest which we have sown.

Much more remains which can only be described as the direct handiwork of the profession:

(1) The increasing knowledge of the nature of disease, of its treatment, and of its prevention; (2) the suppression of many decimating infectious diseases; (3) the surgical cure of many intractable chronic ailments; (4) the inevitable specialization of the study of disease; (5) the progressive growth of specialism in practice; and (6) the attractions exercised by the success of specialists, which tends to swell and overcrowd our ranks.

All these are new facts in the history of the world. Can we pretend to arrest their progressive development? If not, is it likely that the new situation can be met by anything short of a new departure on our part?

The Harvard 'Policy of Perfection.'

What is the forecast? Is our crisis the herald of recovery, and not the beginning of a natural death for want of anything more to cure? If any doubt should exist, we need only look where coming events cast strong shadows before. Twelve months ago this school was represented at Boston by your delegate, at the inauguration of the new Harvard Medical College by the illustrious President C. W. Eliot—a climax to similar achievements at New York, Baltimore, Chicago, and other great cities in the United States, as well as at the Universities of Toronto, Montreal, and Winnipeg in the Dominion of Canada. They all proclaim what the New World thinks of the prospects of medicine.

The new 'Temple of Science'—for no other word could express its magnificence—stands as a sign of the times and a symbol of a principle with which the name of Harvard may deservedly be connected: 'To science the highest place in medicine; to medicine the highest place in science.'

The Harvard policy of *high standards*, not less consistently pursued for the preliminary than for the professional education, bears witness that medicine is still young, its advance only beginning, and its efficient function marked out among the institutions of the younger countries as of supreme concern to the community. This will be more clearly seen as

we inquire into the public aspects of our calling and of our work.

The State and the Profession.

(A) The intrinsic value of the profession in the State.

1. *The Conservative Function.*—What is the profession in the State? Not, as the *Tiers État* claimed to be, 'everything'; and the last of its conceivable errors would be Socialism. But the relation of the profession to the State is a much more important consideration than is commonly suspected. Above all conservative, and above all progressive, its antiquity and stability are not merely ornamental, but columns of support for our institutions. Its conservatism, copied from the teachings of Nature, spreads as a lesson which our time is least fitted to supply. Our own unhalting progress is equally safe from the spirit of reaction and from that of revolution. Even under mob rule we could feel secure, for it is something to be so poor as not to invite spoliation; and it is much more to be so skilled as to be indispensable. Indeed, we stand as the political body whose fabric shows least signs of rocking, and of which can confidently be said, in sight of impending changes,

Impavidam ferient.

2. *The Function of Progress.*—No less precious

than this staying function is our perpetual youth, with its immense working power. When humanity shall have passed through its era of diseases, our function of progress will stand better revealed in the promotion of its highest physical, intellectual, and moral development. Potentially it is so now to the knowledge of the better informed.

3. *The Educational Function.*—Faust could not have lived within the last 150 years, or he would not have included medicine in his catalogue of barren studies.

> 'Habe nun, ach! Philosophie,
> Juristerei und Medicin,
> Und leider! auch Theologie
> Durchaus studirt, mit heissem Bemühn.
> Da steh'ich nun, ich armer Thor
> Und bin so klug, als wie zuvor.'

Our students and their labours are a wealth in the State. Their arduous curriculum has often proved a stepping-stone to distinction in other careers. Its wide and practical training is worth taking for its own sake, apart from any idea of practice, and it may be begun quite early, without any fear of eventual regret. For the community the educational value of the profession will continue to rise with the growth of its higher specialities of research.

4. *The Advisory Function.*—There are few questions relating to the welfare of the race, besides the social question itself, in which the deliberate opinion of the profession would not be the most important

of all opinions to ascertain. There is none within its immediate competence greater than that of national education. Where else can be found the expert knowledge of cerebral physiology and pathology to adjust the increasing intellectual burden to the growth of the physical capabilities of the child?—a service, hitherto uninvited, which the profession will in the future be required to render to the State.

5. *The Political Function.* — For the exercise of this function it has no longing. Intolerant only of error, it can never surrender its conscience to party, and must remain above the arena. But in any political redistribution its integrity of purpose and disinterested benevolence may count, and duties will attach to the power which it owes to knowledge and to highly-trained aptitudes. Its legislative fitness is displayed in the important and growing sphere of medical politics. Lastly, the contingent of able and highly-educated women who have of late years joined its ranks is an accession of consultative efficiency, as this completes its practical representation of the entire interests of humanity — man, woman, and child.

(B) THE VALUE CONTRIBUTED TO THE STATE.

1. *Do ut Des.*—In all ages the profession had contributed service, for which it had earned various recognition, as priests of Hygieia at Cos, and as

Greek slaves at Rome. But never before Jenner had it contributed actual value. The fact is startling yet true that, whilst there is no profession but this handing to the State immense treasure year by year, if this be merely computed as wage-earning value of the human lives saved, all other professions have State subvention, establishment, or endowment, to say nothing of other rewards that fall to their lot. Alone the profession of medicine is not assisted, not even with the education for the supply of that wealth.

In India, 5,000,000 of our fellow-subjects have perished of the plague in the last seven years, in spite of the labours of our profession in the study of its treatment and prevention. The day will come when we shall succeed in abolishing for ever that ghastly toll. What reward will this profession receive for the labour of its sons? In the light of past experience shall we call it again 'nothing,' as in the other big transactions headed smallpox, typhus and cholera, diphtheria and phthisis, and tropical malaria? The profession labours and gives, the State takes—where is the *Do ut des?*

Again, the incalculable value of the disablement from work, now so largely saved by preventive hygiene, is an unacknowledged gift, not of any surplus of wealth, but of the actual means of livelihood of the giver. But this is not all.

Preventive pathology is becoming a definite

speciality, and the profession is dividing itself into two uneven sections—that of 'practice' and that of 'research.' The latter works unpaid for the gain of the State, and against that of the profession. The suggestion that its support should be charged to the profession would be neither common sense nor common justice. As a branch of national defence it contributes immense value, and has a higher claim to national subvention than the King's forces, which contribute nothing and cost so much. All this makes up a heavy debt, with but meagre instalments on the other side of the account.

2. *The Nation's Vicarious Charity.* — Not less gigantic is the contribution received by the State from the great branch of 'practice' in the shape of unrequited or ill-requited service to the community. The 'nation's almoners' is the only title which could express the mission of many of our number in the poorer districts. If anything could be more pathetic than the rags of the apothecary in 'Romeo and Juliet,' it is that quiet devotion of the surgeon of twentieth-century attainments as he toils under his heavy burden, either totally unpaid or at a wage which is not presentable. Innocent of causing the poverty which he attends, yet a heavy toll of overwork with underpay is systematically levied upon him, which, strange to say, does not relieve him of the payment of the poor-tax or of calls for the support of many charities.

Our profession never did admit, and the State never dare admit, that there should be any distinction between the treatment of the poor and the treatment of the rich. Justice then would claim not less but better pay for the appalling labour of ministering to the poor. It was Locock, so says tradition, who replied to the august visitor who summoned him to the bedside of the great Queen: 'Her Majesty shall be treated as well as the most humble of her subjects.' That great lesson has passed unheeded. The humblest have continued to be treated as queens, but for what honorarium! From the purely moral standpoint of 'virtue its own reward' a double wage might be said to have been won, as humility and self-humiliation have been as conspicuous as charity. But these are virtues for individuals to practise apart from their profession. Upon the profession itself their exercise is deleterious and demoralizing.

The State which ignores motives of sentiment or of pure charity has to answer for the health of the masses. As regards the pauper class, the liability has been acknowledged, and for that section of its health insurance the public pays the whole because the pauper can pay nothing; but for the vaster insurance of millions who can afford only totally inadequate compensation it pays nothing at all. Thus an immense burden belonging to the State is shifted on to the shoulders of its hard-ground

almoners. But no record is kept of the transfer, nor any voucher given to show that business has been transacted for the State.

For the unofficial press the whole transaction goes under the simple heading 'Charity and Charitable Work.' From society more of contempt is earned than of pity by the toiler of the slums. But it is not perceived that charity is being done for the nation—*vicarious charity*—and therefore done unto the nation itself.

(C) THE DUTY OF THE STATE.

Sanitas Sanitatum et Omnia Sanitas.

The profession has hardly realized, much less the laity, that a turning-point was reached with the acknowledgment by statesmen that the health of the people is the primary care of the State. The honest application of that principle places the profession in an entirely different position, as on examination a great deal of its work is work done for the State—some in the strictest sense State work, another portion public work. It is inevitable that the profession should become more and more the servant of the State. As the organization of the Public Health Service has brought the new principle into active existence, the system must ultimately reach its normal development.

This involves definite consequences—under the general headings of the duties of the State, and of

the rights of the profession. The functions of the latter, its status, and its pay must tend to be regarded more and more as matters of public utility.

Functions of national defence definitely included under the supreme State law of self-preservation—*Salus populi suprema lex*—had been too splendidly delegated to our profession. Their future assumption by the State need not be so remote when we consider the late birth of the idea and the considerable advance made by it in a relatively short time. *Prevention* had hardly been thought of since the Mosaic laws. When vaccination came as a free gift from the profession, almost uninvited, this might have suggested much more. But it was not until the seventies that, by a happy alliteration, the most vital notion of modern times was substituted for the pessimism of the original saying, now almost forgotten. 'Sanity,' not 'Vanity,' is the key to the human problem, and that key is in our safe-keeping. This defines the part of our profession in the greatest of the undertakings of the State. It claims ownership in the precept, *Mens sana in corpore sano.* Through the soundness of the mind and of its operations, which will be its higher study in the immediate future, the 'health of healths' is to come not for the people alone, but for the body politic. The comprehensive art of right living is a subject of which it is an accredited teacher, and for the teaching of which it must steadily work up its fitness.

It is manifest, then, that the quality of our professional work is not a matter of indifference to the State which absorbs it so freely. Good work is said never to be wasted—a comforting view, as the less our labours have profited us, the more certainly must they have been of some use elsewhere; but as it is bad economy to spoil the quality of good work by breaking the spirit of the worker, our legitimate requirements are not foreign to public utility. They will be appreciably furthered by the fulfilment of the duties to which the State is pledged by its own policy: (1) the organization of the prevention of disease and of the cultivation of health, and (2) the organization of research for both those objects. The nature of the measures required is not open to question: a State examination to ensure the highest efficiency, and a Ministry of Public Health to undertake vast responsibilities too long officially ignored.

Our Remedies and Practical Ideals.

1. *Quality versus Quantity.*—Relief cannot be obtained from any source immediately, but would come with least delay and coupled with honour and efficiency from restricting our numbers by adding to the labour of our apprenticeship and to the quality of our work. These are not features of trade unionism, a policy with which we have little in common. They are principles of duty and of pro-

gress, and practical applications of the rules of political economy for the profit of the employer as well as the employed. Individual and vested interests may be affected, but without any moral reproach. The only iniquity would be to keep an entire profession in suffering by widening the portals for one or two, otherwise able, who happen to lack aptitude for drawing, for spelling, or for Greek, or have been misguided in their early education. We must consent to the loss of these odd geniuses for the sake of larger interests. To existing members of the profession this policy offers an unmixed advantage, and for their sake also it should receive the support of our great Universities and Corporations.

The problem of the attendance on the poorer classes and of its proper remuneration is difficult, but why should it be unsolvable with the co-operation of our employers and of the State? In this matter the word 'impossible' should have no application, for of all unpractical suggestions the worst were to submit to a continuance of the present plight of a noble profession.

2. *Our Policy of Reform.*—The most practical course would be to seek the advantages we need, with the least possible sacrifice of those we possess. Altruistic and progressive we must remain. But our conservatism should no longer be exclusively reserved for our neighbour. Least of all could we afford those losses which could never be replaced.

Our first thought should be for the safety of our prestige and of that noble edifice of our ancient institutions which appeals to the world as a monument of our past and a symbol of our future. Our next care is for the preservation of that energy which was never lacking, and for its transformation into organized power, which we have lacked too much.

Lastly comes reform—that of our own shortcomings and of unwise concessions: the concession to the lingering belief of an ignorant public in the occult powers of the phial, which lowers our calling and plays into the hands of the quack; the concession to the faint-hearted in our number, who submit to terms we should no longer tolerate; the concession to the State, with which we have a long account to settle for unrequited service; and the fatal concession to unsuitable candidates for our qualifications, whose admission overcrowds our ranks, with small profit to themselves—drastic remedies, perhaps, but less painful than the evils they are meant to correct.

3. *Our Tactics are* '*Concentration*'—of our battalions and of our individual energy. This year has witnessed a great achievement in defensive reconstruction. In their own school, I invite you now to do honour to the names of my distinguished colleagues who have deserved well of the profession—Latham and Pendlebury. *Academical* concentrations

such as that of the great Royal Society of Medicine which we owe to their labour and energy, and to those of its indefatigable secretary, Mr. J. Y. W. MacAlister, are the type of others which we need: the *social* concentration, with its accompaniment of conviviality, if only this could be made less deadly by deed and by example, and above all the *professional* concentration which is to lead to our political organization.

Fortunately, in this country there is no lack of strong centres for concentration—our Universities, old and young, and our ancient Corporations. Unlike the Guilds, whose office has passed away, and whose wealth only remains awaiting its doom, the great Corporations are in the fullness of an unexpended energy. Their poverty, and much more their usefulness, are an insurance from the Socialism from without, if only they are loyally backed from within our own body.

Conservatism has been, and should be, their function—the true conservatism which includes acquisition by progress. *Festina lente* is the only sound pace for them and for a profession which claims some practical wisdom. We cannot expect, and we should not wish them to be precipitate in action. On the other hand, we trust them in their capacity as the head and brain, and as the only available rallying-point for the entire profession, with all its specialities, not to mistake 'the day and the hour.' I had almost added 'the policy,' but a wiser spirit,

vellit aurem. Our part is to mend their precarious fortunes by hunting the Anglo-Saxon world for the abundant treasure which lies waiting to uphold that noble inheritance.

To our ancient Universities, the custodians of the fame of the faculty, we look for the safety of our high standards, which is our only safeguard. Where else shall we find our examples of perfection? In America Harvard University has nobly acknowledged the burden of its greatness as an old University by restricting the access of its medical faculty and of its medical degree to men of superior academical education who have taken the B.A. degree. The reduction by one half thus suddenly effected in the list of pupils is in reality a gain to that great school and to the profession.

Our highest Degrees, the Doctorates, or 'Degrees for Teachers,' should not be incomplete in their own subjects. The history of medicine, the language of medicine, and the physiology of speech, that distinctive attribute of man, are marked with our mark as our inalienable property. Whatever advantage may be sought in depriving the teaching degrees of the pure sciences of their ornamental burdens, ours is a teaching of wider scope—

'Humani a me nihil alienum puto,'

from which we cannot spare the essential of humanities. The abandonment of that trust would be a vital blow to our profession from above.

Lastly, we look with pride and hope to the spirited undertakings of the great British Medical Association. The body of the profession is roused to consciousness, is up and doing, and is almost in marching order—watching for its leaders.

The Education of the Profession.

1. *The Preliminary Education.*—Foreign languages are an essential addition to our training, to broaden it, not to contract, only their study should not be made an illusory substitute and a waste. In this country a little child cannot learn Latin or Greek phonetically, but he could learn to speak French or German at a kindergarten before the age of five or six years with greater ease than ever afterwards—if he were not robbed by our improvidence of that unique opportunity. And all the rest, especially classics, would be learnt with greater ease on that foundation. If intended for the profession, sons of medical men should henceforth be trained almost from the cradle.

2. *The Professional Curriculum and Progressive Education in Science.*—I have already referred to our medical education and to the *contubernium* of our students as our most powerful factors of equality and high form. On reflection it is obvious that great changes are indicated in our curriculum. I need hardly dwell upon

the truth concealed in the humorous suggestion of the foundation of a new University Chair of *Medical Archæology* for the safe preservation of the history of medicine, of the dead languages, and of the extinct diseases. As a fact, our future work will call for more physiology than pathology.

Though our pupilage comes to an end, our studentship of medicine never does. This means that science should be not only the beginning, but, above all, the end of the pupil's curriculum.

Great Harvey and our own John Hunter have shown that the best work in physiology is the work of the matured pathologist. How long shall we disregard their solemn message, and apply, at the end of the student's second year, an irretrievable closure to his physiological, anatomical, and chemical training—an efficient means of stifling all longing to study Nature by experiment, and of turning him out, not a finished science student receptive of the progress of to-morrow, but three years out of touch with the latest advance?

Why, too, defer so long any start with the practical studies of his career? Far from me to suggest any curtailment in the scope of the science training. What is claimed is some practical rearrangement which shall secure for our students *permanent value* from their precious science hours, now so largely wasted.

Among them there is no longer any room for the

loafer or for the mentally or morally unfit, and Bob Sawyer is every bit as extinct as Mother Gamp herself. Need we, then, dread for them as delirious food, after their frugal fare of dry bones, some slight clinical foretaste of their future activities? Allow them to identify early that their 'science' is going to be a living graft in the quick of each clinical problem—not a mere certificate to be given up, as a passport, at the clinical frontier.

Science and clinics are as body and soul, from start to finish inseparable, and not to be grown as pure cultures in separate incubators. Together they must live and together they should dwell. In that direction we are learning another great lesson from Harvard University. The white-marbled temple of science is not to be left in its splendid isolation. Dr. Morgan Rotch of Boston has promised to construct a memorial hospital for infants. Another hospital will be devoted to the diseases of children, and a large general hospital to those of adults. All three are to be built within the precincts of the Harvard Medical College. All honour to the city of high ideals for having, for the first time in the history of medicine, built the halls of science first, around which three hospitals are to grow up for the better service of the healing art! The brilliant object-lesson of this far-seeing charity and of the enlightened munificence of a Pierpont Morgan and of a Rockefeller cannot be thrown away upon our

great cities and philanthropists. More hospitals by all means, but the first need is for laboratories.

On the other hand, truly *practical physiology* is still longed for in vain by second-year students, instead of inopportune problems. Later those advanced studies would be fascinating in combination with that of our strange nervous, vascular, and humoral derangements. More profitable meanwhile to study the human functions, and the use of the stethoscope, of the laryngoscope, of the ophthalmoscope, and to acquire the indispensable technical training of the hand, eye, and ear, which, begun too late, fails to be mastered. Again, an early course of bacteriological technique side-chained to our elementary biology would be a permanent asset. Among our ideals, I know of none made of more practical stuff. How long shall we be told that they are not practicable?

Our Future Work and Wage.

I believe that in fairy tales the fairy rarely gets any thanks. For the fairy 'Medicine' the chief thanks has been the request for further wonders—a business-like view of our *raison d'être*, and of the value as an insurance of any support given to the profession, which only calls for the comment that the increased labours in prevention which are demanded must further victimize us. President Eliot elo-

quently urges all medical schools 'to supply the twentieth-century physician who shall prevent the access of epidemics, limit them when they arrive, defend society against bad food and drink, and reduce to their lowest term the manifold evils which result from the congestion of population.'

These utilitarian claims will extend far beyond the safeguards against mortal disease and economic losses incidental to sickness. There are other needs, less familiar to lay thinkers, and consciously realized only by a minority of the profession, but voiced by the logic of facts. In addition to 'the teaching' and 'the study' of prevention, guidance will be needed in wider fields for the cultivation of health. The State looks to us for the supply of a vigorous as well as sound race of workers and warriors. But there remains another great department, that of the mind. We are still struggling with the elementary stage of the cure of mental disease, and the study of its prevention is hardly begun. But the cultivation of mental health, with all its physical, intellectual, moral, social and political consequences is a vast duty for our future occupation. Who else can undertake it ?

The unhallowed perpetuation of sinister heredities, and other elementary failures in eugenics, call for a remedy. Wider still is the task of strengthening mental and moral health in the growing generation

by a judicious interaction of the physical and of the mental factors, and of encouraging among adults that physiological rectitude without which there can be neither longevity for the individual nor increase for the race. In all these directions there is ample scope for the study, the teaching, and the individual service of the profession, but for the success of its ministrations it will need the support of the State.

The Future Earning Power of the Profession is not easy to estimate, but we may infer that as emoluments for private services decrease there will be some tendency towards an increase in remunerated public work. We have seen our busiest days in the treatment of disease: henceforth our livelihood must be increasingly derived from the care and culture of health. The greater part of that remuneration must ultimately be derived from the State. The long-delayed medical inspection of schools is a first instalment in that direction, but much larger work should follow, which would employ larger numbers.

The registration of the health of each individual with a view to the prevention of disease is not a Utopian idea, but a measure suggested by common sense. In tobacco plantations each growing leaf is registered and watched for the purposes of revenue. Our own Excise appoints a special officer to watch the still. We shall not succeed in stamping out

tuberculosis until a health watch is kept over each life, that by timely treatment it may be made germ-proof. The highest skill is essential for this class of work, and will call for adequate remuneration. Personal certificates of health could be paid for by the smaller number of taxpayers. For the majority, any difference unpaid by the individual would be charged to the public funds. What applies to certificates would *a fortiori* apply to the attendance on actual disease, which could no longer be charged as a private tax on the practitioner.

Conclusions.

This imperfect sketch can only suggest outlines, not any of the details.

1. As a profession we can advise and we can act, but the business of health is of the State. State organization and subvention for increasing labours undertaken in its service are unavoidable, even at the cost of public treasure, and for us of a nominal loss of independence.

2. A Ministry of Public Health and a State examination are the definite steps for immediate contemplation.

3. Our practical policy is to be 'prepared for any fate' by *unlimited adaptability* for the coming changes, of which we only know that they will exceed the record of the past. And this means

raising the preliminary educational standard to its highest pitch, which can never be too high for the possibilities ahead. This is also our only plank of safety from the dangers of overcrowding and of disorganization.

4. Indispensable to teachers and to rulers, our co-operation should be worthy to command its own terms.

5. The fundamental reform in the status and remuneration of the profession demanded by its vast labour and service can only be won by high standards of self-improvement and by the combined efforts of the highest and most influential with the rank and file.

6. The details of reorganization are beyond the wit of individual man, but would evolve from the operation of the four principles which are essential: (1) Exclusion from our portals of any but the highest preliminary educations; (2) uniformity of the professional State qualification; (3) recognition of the equality in claim to adequate remuneration; and (4) assumption by the State of those responsibilities which are not ours, but of the State.

7. Our future wage should not fall short of that competency which allows scope for the best work. Wealth it never will be. As of old, it must remain largely consciousness of doing our best as healers and helpers, as students and teachers, and as a moral and intellectual *élite*, with the added satisfac-

tion of belonging to a profession not only honourable but honoured.

For you who fearlessly join its ranks a proud Alma Mater will buckle on the armour. This school is not a large one, but greatness breathes in its environment. It has interpreted the remotest past and it has led the future. The men who made it were the makers of the new era—John Hunter, the prophet of pathology; Edward Jenner, the founder of preventive medicine; and Thomas Young, who counted the waves of ether and made the Pharaohs speak. Forget it not.

THE END

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